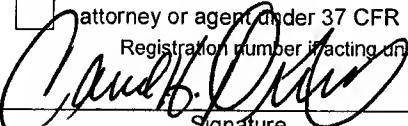


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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br>35938-505N01US |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
|---|------------|--|--|------------|-------------------------|---|-------|------|---|-------|-------|---|--------|-------|--|--------|-------|--|--------|--------|
| Application Number  | 10/552,543 | Filed August 30, 2006                      |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| For Ankle Foot Orthosis   |            |  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| Art Unit 3772   | Examiner   | K. M. Lewis                                |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$130</td> <td>\$65</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$490</td> <td>\$245</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1110</td> <td>\$555</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1730</td> <td>\$865</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2350</td> <td>\$1175</td> </tr> </tbody> </table> |            |  |  | <u>Fee</u> | <u>Small Entity Fee</u> | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                    |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65                                       |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245                                      |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555                                      |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                                      |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                     |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0311</u> .   |            |  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |            |  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,010</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number <u>acting under 37 CFR 1.34</u>  |            |  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <br>Signature  |            | November 30, 2010<br>Date                  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| Carol H. Peters<br>Typed or printed name  |            | (617) 348-4914<br>Telephone Number         |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |  |  |            |                         |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |